

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 09/876,290 Confirmation No.: 9540

Applicant: Yoshiyuki Yanagisawa

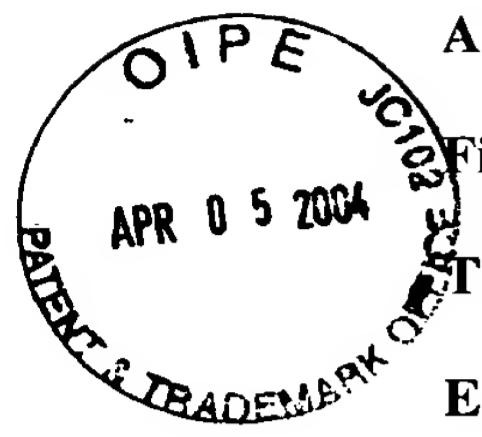
Filed: June 7, 2001

TC/A.U.: 2827

Examiner: David E. Graybill

Docket No.: 075834.00085

Customer No.: 33448



AMENDMENT C

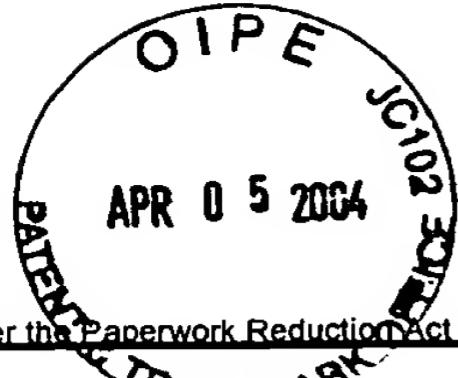
Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR:

In response to the Office Action of December 30, 2003, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.



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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/876,290
	Filing Date	June 7, 2001
	First Named Inventor	Yoshiyuki Yanagisawa
	Art Unit	2827
	Examiner Name	David E. Graybill
Total Number of Pages in This Submission	075834.00085	

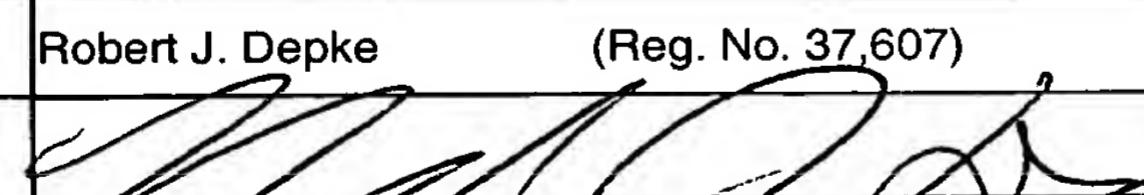
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Post Card
Remarks		
The Commissioner is hereby authorized to charge any fees due or to credit any overpayment to Deposit Account No. 50-1794.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert J. Depke, Holland & Knight LLC 131 South Dearborn Street, 30th Floor, Chicago, IL 60603
Signature	
Date	3/30/04

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Typed or printed name	Robert J. Depke	(Reg. No. 37,607)
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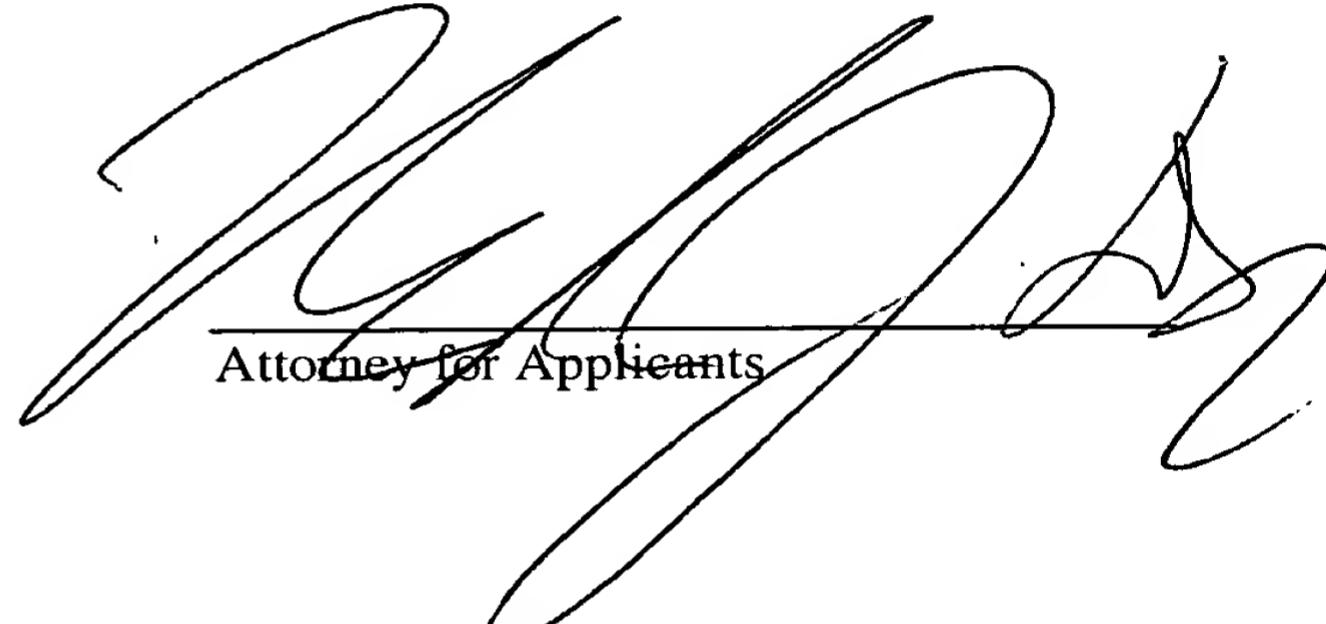
Appl. No. 09/876,290
Amtd. Dated March 30, 2004
Reply to Office Action of December 30, 2003



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I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail on March 30, 2004 in an envelope addressed to:

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A large, handwritten signature in black ink, appearing to be "J. J. D." followed by a surname.
Attorney for Applicants